			/ISION OF HEALTH – STANDARD CERTIFICATE OF DEATH $-62-038881$
DEP A  DO NOT WRITE ON THIS STUB	RTMENT O		Englistration District No. Primary Registration District No. 602 Registrar's No. 53132 STATE FILE NUMBER
			1. PLACE OF DEATH  a. COUNTY Tackson  2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Mo. b. COUNTY Jackson admission)
VS 300 Rev. 4/59	AMENDED		
1,017			b. CITY (If outside corporate limits, give TOWNSHIP only) OR
1	¥		TOWN Kansas City  2yrs  TOWN Kansas City  C. FULL NAME OF (If NOT in hospital, give location)  Inside Limits  d. STREET  (If outside, give location)  Reside on Farm
<u> </u>	TE .		c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital  Inside Limits Yes M No   O  d. STREET ADDRESS 6643 Edgevale Rd. Yes No  Yes  No  No  X
3			3. NAME OF DECEASED First Middle Lest 4. DATE Month Day Year (Type or print) Ernest F. Nicholson Sr. DEATH 10 - 18 - 1962
4		1	
5 2			Maile White Widowed Divorced 2-12-1884 78 Months Days Mours Min.
6	2		10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)  H otels  Ireland
7	<u>3</u>		Uperator  13a. FATHER'S NAME  13b. MOTHER'S MAIDEN NAME  14. NAME OF HUSBAND OR WIFE
8 1	101   LOI		John Nicholson Emma Swiss Cooke Mary C. Nicholson
	€ .		15. WAS DECEASED EVER IN U.S. ARMED FORCES?  (Yes and or unknown) (If yes give war or dates of service)  Ernest F. Nicholson Jr. Home
· ' '   <	ARF	-	18. CAUSE OF DEATH (Enter only one cause per line for top, top, and top.  PART I. DEATH WAS CAUSED BY:  ONSET AND DEATH
10	8 9 B	JWE	IMMEDIATE CAUSE (a) Congistion heart failure
	3151 1	DOCUMEN	Plant for the There with
13	INST		Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  DUE TO (b)  Bheumatic heart dustase with a cortic stenosis  DUE TO (c)
	5		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART III. If deceased was female was female was there a pregnancy in last 90 days.
	2		Yes No Unknown
	AMENDMEN		19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE PREFORMED? YES NO
V N	AWE		20c. TIME OF Hour Month, Day, Year INJURY a.m.
BLACK INK OR RITER RIBBON			20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK   farm, factory, street, office bldg., etc.).
¥8₽	READ		21. I attended the deceased from 1960, to Oct 18, 1962 her him alive on Oct 18, 1962
	[0 R		Death occurred at
USE BLACH OR TYPEWRITER	SHOULD	/IT OF	228. SIGNATURE JUM Mc Caughy MW 5615 Johnson in Mission Kans Oct 19190
	ON ON	AFFIDAVIT	23a. BURIAL, CREMATION, 23b. DATE 123c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or count) (State)  Burial 10-22-1962 Calvary Cemetery Kansas City, Missouri
	EM N		24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE
			Mellody-McGilley-Eylar Main 10-19-62 Rull Long
			(Licensed Embalmer's Statement on Reverse Side)

Dr H. W McCaughy 5615 Johnson Dr.

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	11 000
StudentSignature of Student Embalmer	_ Signed Jolyd J. Kleedown
	Licensed Embalmer No. 5:120
	P. O. Address / / //

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.